



National
Aeronautics and
Space
Administration

Statement of Understanding Retention Bonus / Allowance

EMPLOYEE NAME

EFFECTIVE DATE

POSITION TITLE, SERIES, AND GRADE

CENTER AND LOCATION

1. I understand that I have been approved to receive retention payments of _____ % of my annual rate of basic pay. This amount is:

☐ An allowance being paid under the provisions of title 5 United States Code §5754, and cannot include comparability (locality) pay in establishing the payment.

☐ A bonus being paid based on my occupancy of a non-critical need position under the provisions of title 5 United States Code §9804 (NASA Flexibility Act of 2004) and cannot include comparability (locality) pay in establishing the payment.

☐ A bonus being paid based on my occupancy of a critical need position under the provisions of title 5 United States Code §9804 (NASA Flexibility Act of 2004) and includes comparability (locality) pay in establishing the payment.
2. I understand that the full percentage amount of my bonus will be paid in biweekly installments together with my salary. The percentage will remain constant, unless formally reevaluated, but the dollar amount will reflect the current rate of basic pay at the time the payment is made.
3. I understand that these retention payments are contingent on my remaining in my current position. If I move to another position in the Agency, retention payments will cease unless a new determination is made that they are appropriate for the position to which I have moved.
4. I understand that my retention payment status will be reviewed at least annually to assure that continued payment meets Agency guidelines. Payment may be terminated, or the percentage of payment adjusted, at any time that the Agency deems it appropriate to do so.
5. Other applicable information, if any:

Please read the above information carefully and ask for an explanation of anything you do not understand. Signing this document confirms that you have read and understand the information about the conditions under which you are receiving a retention payment.

I have read and understand the information in this statement.

(Typed or Printed Name of Employee)

(Signature of Employee)

(Date)

(Typed or Printed Name of Human Resources Office Representative)

(Signature of Human Resources Office Representative)

(Date)